10/511717

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PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004 Application or Docke: Number 2/046-0004-1												nber 4_US/
		CLAIMS A	S FILED	- PART	i i		<u>-</u>	———L ЗМД1 I	ENTITY		OTHER	
(Column 1) (Column 2)								TYPE		OF.	SMALL	R THAN ENTITY
TOTAL CLAIMS						_ '		RATE	FEE	٦.	RATE	FEE
FOR .			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 475	OR		
TOTAL CHARGEABLE CLAIMS			3 7 _{minus 20=}		/	. 14		XS 9=	12/	7		
INDEPENDENT CLAIMS			2 m	minus 3 =		•			100	POR		
М	ULTIPLE DEPE	NDENT CLAIM P			<u> </u>	$\neg \neg \neg$	-	X44 =		OR	=38X	ļ
• 1	t the difference		4 41				L	+145=	·	OR	x300=	
* If the difference in column 1 is less than zero, enter "0" in column 2							* 1	TOTAL	601	OR	TOTAL	
CLAIMS AS AMENDED - PART II								CSSALI			OTHER	
F		(Column 1)		(Colum		(Column 3)	ا	SMALI	LENTITY	OR Ti	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
S S S	Total		Minus	**		=		XS 9=		OR	XS18=	
YME	Independent	•	Minus	***		= .		X43=		1	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPEND				CLAIM		-		+	OR	7.00-	
							L	+145=		OR	+290=	
							ΑI	TOTA DDIT. FEI	- 2	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
8		CLAIMS REMAINING	1	HIGHE		PRESENT	「「		ADDI-] [ADDI-
ENT		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAL		RATE	TIONAL FEE
MENDMENT	Total	A	Minus	**		=		X\$ 9=	1	OR	X\$18=	
_	Incependent		Minus	***		=	-	X43=		1		
۹.	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		-		 	OR	X86=	
				•		•		+145=		OR	+290=	
					•	• • • • • • • • • • • • • • • • • • • •	- AD	TOTAL		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)									•			
ပ		CLAIMS REMAINING		HIGHE		PRESENT	Г		ADDI-	Γ		ADDI-
		AFTER AMENDMENT		PREVIOU PAID FO	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE_
AMENDMENT	Total	· -	Minus	**		=	 	X\$ 9=	FEE		X\$18=	<u>ree</u>
ME	Independent	•	Minus	***		=	-			OR		
<u>√</u>	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT (CLAIM			X43= 		OR	X86=	
	1 h :						1 +	145=]]	OR	+290=	: .
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR;	TOTAL		
		mber Previously Paid iber Préviously Paid	M FW. IN THIC	C CDA ^ " : - 1	• • •				O(OO(131e box		DDIT. FEEL	
•	•	•	• • • • • • • • • • • • • • • • • • • •	cpcocii	., .,	mg/rest nomber	.00110	HI WE ap	hiphirate pox	. in colu	mn t.	